MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005916

STATE FILE NUMBER

Registration District No. 116 Primary Registration District No. 30-20 Registrar's No. 48

FILED MAR 5 1963

1. PLACE OF DEATH

a. COUNTY: Franklin

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Washington Length of stay in 1b: 6 days

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Francis Hospital Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE: Missouri COUNTY: Warren

c. CITY OR TOWN: Warrenton Inside Limits: Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location): 701 Flora Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Dorothy Middle: Gilbeau Last: Buche

4. DATE OF DEATH Month: Feb. Day: 26, Year: 1963

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 3-9-1903

9. AGE (last birthday): 59 IF UNDER 1 YEAR Months | Days IF UNDER 24 HR Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (City and state or country): Syracuse, N. Y.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Carl H. Schaut

13b. MOTHER'S MAIDEN NAME: Nellie M. Gilbeau

14. NAME OF HUSBAND OR WIFE: William R. Buche

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT: William R. Buche, Warrenton, Mo. Address: 701 Flora

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Arteriosclerotic heart disease

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Metastatic carcinoma of breast

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2/7/63 8:30 A. m to 2/26/63 and last saw her alive on 2/26/63 on the date stated above, and to the best of my knowledge, from the causes stated.

Death occurred at 8:30 A. m

22a. SIGNATURE H. Walter Eyermann MD (Degree or title)

22b. ADDRESS Warrenton, Mo.

22c. DATE SIGNED 2/21/63 (State)

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 2-28-63

23c. NAME OF CEMETERY OR CREMATORY: City Cemetery

23d. LOCATION (City, town, or county): Warrenton, Mo.

24. FUNERAL DIRECTOR ADDRESS: F. W. Nieburg & Co., Warrenton, Mo.

25. DATE RECD. BY LOCAL REG.: 2/26/63

26. REGISTRAR'S SIGNATURE: Leslie C. Hickman

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ , Student Embalmer No. _____

working under my personal supervision.

Student _____
　　　　　Signature of Student Embalmer

Signed _John Thielung_

Licensed Embalmer. No. _3897_

P. O. Address _Warrenton, MO_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.